6095146578			Part i	3 - FEE(S) TRA	NSA	417741	04	1:13:4	15 p.m.	02-04-2	2009	1 /1
Complete and	nd this form, toge	d this form, together w				le fee(s), to: Mail Mail Stop ISS Commissioner			ents			
FFR 0 4 2009	y) ·			or <u>Fax</u>	Ale). Box 14: xandria, 1)-273-28	Virgin	nia 22	2313-14	50		
STRUCTIONS: The analysis of the contract of th	form should be used correspondence includi- ed below or directed of	for transm ng the Pat herwise in	utting the ISSI tent, advance of Block I, by (UE FEE and PUBLIC rders and notification a) specifying a new c	CATI of n	ON FEE (insintenance pondence a	f requir fees wi ddress;	ed). B ill be r and/or	locks 1 th nailed to (b) indica	hrough 5 sh the current ating a separ	ould be cor corresponder ate "FEE A	npleted when nce address a DDRESS" fo
CURRENT CORRESPOND	Note Fee(pape	: A certific s) Transmit	ate of n tal. This ditional	nailing certifi paper,	can only cate canno such as a	be used for ot be used for n assignmen	domestic n	nailings of the accompanying drawing, mus				
GE HEALTHO IP DEPARTME 101 CARNEGII	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the Unite States Postal Service with sufficient postage for first class mail in an envelop addressed to the Mail Stop ISSUE FEE address above, or being facsimi transmitted to the USPTO (571) 273-2885, on the date indicated below.											
PRINCETON, N		LOR	i A	Ha	195		,	Depositor's name)				
•		H	H		É,	ELL FR L	au Ir	7 9	(Signature) (Date)			
APPLICATION NO. FILING DATE				FIRST NAMED INVENTOR				ATTOR	NEY DOC	KET NO.	CONFIRMA	TION NO.
10/538,904	10/538,904 06/14/2005					Frank Brady)	42	
TITLE OF INVENTION	: SOLID-PHASE FLU	ORINATIO	ON OF URACI	L AND CYTOSINE						N2 000000		1053898
							01 FC: 02 FC:	: 1501 : 1504		1510.00 D 300.00 D		
APPLN. TYPE	SMALL ENTITY	ISSU	E FEE DUE	PUBLICATION FEE D	DUE	PREV. PAIL) ISSUE	FEE	TOTAL	EE(S) DUE	DAT	E DUE
nonprovisional	NO	NO \$		\$300		\$0			\$1810		02/2	6/2009
EXAMINER A			ART UNIT CLASS-SUBCLASS									
RILEY	1637	435-006000										
1. Change of correspond CFR 1.363). Change of corresp Address form PTO/SI "Fee Address" ind PTO/SB/47; Rev 03-6	rrespondence on form	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is										
Number is required.	listed, no name will be printed.											
(A) NAME OF ASSI	less an assignee is ident h in 37 CFR 3.11. Com	tified belov pletion of t	w, no assignee his form is NO	data will appear on the T a substitute for filing (B) RESIDENCE: (C	he pa g an a CITY	tent. If an ssignment.	. 00 00	NI DITT	33/3			eikin
Please check the appropr	iate assignee category or	categories	(will not be pr	inted on the patent):		Individual	Con	poratio	n or other	private grou	p entity 🔲	Government
4a. The following fee(s) is safe Fee Publication Fee (N Advance Order - 1	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50266 (enclose an extra copy of this form)											
5. Change in Entity Sta	=	-	CER 1.4=									
NOTE: The Issue Fee an interest as shown by the	s SMALL ENTITY state d Publication Fee (if req			b. Applicant is no from anyone other th		_						other party in
interest as shown by the	records of the United Sta	ites Pateni	and Trademark	Office.					ė,			
Authorized Signature		7		\		Date			<u> </u>	-09		
Typed or printed name		_3	ohtke	YAY		Registra			-	628		*****
This collection of inform an application. Confident submitting the complete this form and/or suggesti Box 1450, Alexandria, V	ation is required by 37 Chiality is governed by 35 application form to the ons for reducing this building in 22313-1450. DC	U.S.C. 12 U.S.C. 12 USPTO. rden, should NOT SE	The information 2 and 37 CFR Time will vary to the sent to the ND FEES OR C	in is required to obtain 1.14. This collection is depending upon the i Chief Information O COMPLETED FORM	or re s esti- individual officer S TO	tain a benef mated to tak dual case. A , U.S. Paten THIS ADD	it by the te 12 mi tny com at and Ti ORESS.	public inutes to ments radema SEND	which is to complet on the an ork Office, TO: Com	to file (and le, including nount of time U.S. Departments)	y the USPT gathering, p you require tment of Cour r Patents, P.	O to process) reparing, and to complete nmerce, P.O. O. Box 1450,

Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

ġ.